



Please return to:

Burien Parks and Recreation Department (206) 988-3700
14700 6th Ave SW Burien WA 98166

2 or 3 day Camp CRAZ 2010 Registration Form

Child's Name: _____ Birthdate: _____
(Last) (First) (Middle)

Parent's Name: _____
(Last) (First) (Middle)

Please check the follow:

My child is attending Camp Craz for

_____ **2 Days** or _____ **3 Days**

Week #: _____ Dates: _____

Days my child will be attending are:

_____ **Monday**

_____ **Tuesday**

_____ **Wednesday**

_____ **Thursday**

_____ **Friday**

This form is due at time of registration. Days must be picked at least one week prior to the start of camp.

I understand that no schedule changes will be honored during the registered week of camp because staff ratios will already be established.

Parent/Guardian Signature: _____ Date _____

For official use only:

If participant was not registered on site this form was:

_____ Mailed _____ Faxed on: _____ (date)